

**INSTRUCTIONS
FOR MONTHLY INCOME AND EXPENSES WORKSHEET
TO CALCULATE CURRENT INCOME**

PART I

Date

Enter date you are completing the form.

Parent/Guardian

When two parents are in the home, please list both names and include both parents' monthly income. If it is a single parent home, you may list the one parent, but must include any child support income.

Child Name and Birth Date

Enter the name and birth date of the child who is receiving early intervention services. If there is more than one child receiving services use a separate form for each child.

Family Resources Coordinator

Enter the name of the Family Resources Coordinator.

Local Lead Agency or Service Provider

Enter the name of the local lead agency, service provider agency, or individual service provider.

PART II Average Gross Monthly Income

The average gross monthly income for a family is the amount of monthly income before deductions. All income, from any source, must be reported. Wage statements or federal income tax forms may be used to verify income.

Line 1 Salaries and Wages

This is the gross monthly salaries and wages before deductions. If gross monthly income cannot be determined or is variable (seasonal), monthly income will be the adjusted income from the last Federal Income Tax return divided by twelve (12). If using the Federal Income Tax return divided by twelve (12), do not complete lines 2 through 6. Enter the same amount on line 7.

Line 2 Public Assistance Grant

Total monthly amount received from a public assistance grant.

Line 3 Unemployment Compensation

Total monthly amount received from unemployment compensation.

Line 4 Disability income (permanent)

Total monthly amount received from disability income.

Line 5 Child support/alimony

Total monthly amount received from child support and/or alimony.

Line 6 Other

Other income not listed above and reported on federal income tax forms.

Line 7 Total

Enter the total amount of lines 1 through 6.

FOR MILITARY PERSONNEL ONLY**Line A Base pay (earned income)**

Enter the monthly base pay shown on the Leave and Earnings Statement

Line B Allowances (unearned income)

Enter the monthly allowances shown on the Leave and Earnings Statement. Do not include hostile fire pay, imminent danger pay, or free or base housing allowance if allowance is paid and deducted in the same pay period.

PART III Allowable Monthly Expenses**Line 8 Child support/alimony paid**

This is the monthly amount paid out for child support and/or alimony.

Line 9 Child care costs while parent(s) work or go to school

The monthly cost of child care while the parent(s) work or go to school.

Line 10 Medical/dental health care coverage premiums

The monthly amount paid (directly or by payroll deduction) in order to have medical/dental health care coverage.

Line 11 Total

Enter the total amount of lines 8 through 10.

Line 12 Current Monthly Income

Subtract total amount of line 11 from line 7. **For military personnel, subtract the total of line 11 from line C.** This is the current monthly income.

Please sign and date the document and return the form to your Family Resources Coordinator.